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ABSTRACT

This final report describes a Texas educational improvement project designed to: (1) increase the amount of geriatric content in the curricula of community college associate degree nursing (ADN) programs; (2) further the development of baccalaureate nursing faculty in a Historically Black College/University (HBCU); and (3) facilitate other Texas institutions of like kind to benefit from this faculty development effort. Project outcomes included the following: a well-documented process for in-service development of instructional faculty with two ADN schools and one HBCU nursing school; an increased content emphasis on issues in aging within didactic courses as well as clinical experiences offered to students enrolled in targeted ADN and baccalaureate nursing programs; increased knowledgeability of ADN and HBCU nursing educators about geriatrics/gerontology; and completion of personal action plans (PAPs) by the 15 faculty enrollees. As the chief project outcome, the PAPs served as a blueprint for what the faculty participants learned during the instructional course as well as for their plans to apply their knowledge in and out of the classroom. Appendices include personal action plans, survey instruments, a list of key project activities, a faculty development course outline and a dissemination paper presented at the Gerontological Society of America's 44th Annual Scientific Meeting. Contains a 28-item bibliography. (GLR)

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FINAL REPORT

A STATEWIDE FACULTY DEVELOPMENT PROGRAM FOR COMMUNITY COLLEGE ASSOCIATE DEGREE AND OTHER NURSING EDUCATORS

Prepared by the Staff of
The Texas Consortium of Geriatric Education Centers

Administration on Aging
Grant No. DHHS 90AT0463/01

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A STATEWIDE FACULTY DEVELOPMENT PROGRAM FOR COMMUNITY COLLEGE ASSOCIATE DEGREE AND OTHER NURSING EDUCATORS

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TABLE OF CONTENTS

	PROJECT ABSTRACT	i
	DISSEMINATION AND UTILIZATION PAPER	ii
	EXECUTIVE SUMMARY	iii
	INTRODUCTION	1
1.	METHODOLOGY	2
	A. Faculty Development Program	
	B. Curriculum Implementation	
	C. Dissemination Activities	
	D. Project Evaluation	
2.	RESULTS	4
	A. Instructional Course	
	B. Personal Action Plans	
3.	DISCUSSION AND IMPLEMENTATION OF RESULTS	6
	A. Institutional Impact	
	B. Faculty Participation	
	C. Benefits to Older Americans	
	D. Benefits to Practicing Nurses	
4.	SUMMARY	7

5. BIBLIOGRAPHY 8

6. APPENDICES

A. Illustrations 1 - 2:

Key Activities of Project

Faculty Development Course Outline

B. Faculty Personal Action Plans

C. Survey Instruments:

TCGEC Enrollee Survey

TCGEC Survey of Knowledge and Skills in Gerontology

D. Dissemination Paper Presented at Gerontological Society of America

"A Comparison of Two Groups of Nursing Faculty on Selected Measures of Geriatrics Education"

PROJECT ABSTRACT

The Administration on Aging (AOA) - sponsored project "A Statewide Faculty Development Program for Community College Associate Degree and Other Nursing Educators" was designed to (1) increase the amount of geriatric content in the curricula of community college associate degree nursing (ADN) programs, (2) further the development of baccalaureate nursing faculty in a Historically Black College/University(HBCU), and (3) facilitate other Texas institutions of like-kind to benefit from this faculty development effort. The need for this project was based upon the demographics and epidemiology of the U.S. and Texas' aging population, the lack of sufficient numbers of nursing faculty from ADN programs and those in HBCUs trained in gerontology/geriatrics, and the absence of appropriate curriculum content on aging in Texas ADN and HBCU nursing programs.

Under the auspices of the Texas Consortium of Geriatric Education Centers (TCGEC), Baylor College of Medicine, the ADN programs at Houston Community College and San Jacinto College, and the baccalaureate nursing program at Prairie View A & M University, collaborated to improve nursing education concerning the care of Texas' elderly population. The following objectives were completed: (1) established and implemented a 12-month, graduate level in-service faculty development program in gerontological nursing for 15 key faculty teaching in the three respective nursing programs; (2) incorporated aging content within courses and experiential activities offered students enrolled in these schools of nursing; (3) facilitated widespread replication of the in-service faculty development program in gerontological nursing as a means of enhancing 29 community college ADN programs in Texas, the 815 ADN programs nationally, and all 23 HBCU baccalaureate degree nursing programs; and (4) evaluated and assessed the effectiveness of the program.

The dissemination efforts were designed to result in the process and product being adopted by educators in other ADN and HBCU programs or at various other Geriatric Education Centers. The ultimate desired end is that more of America's older people will benefit from having greater numbers of registered nurses prepared to address the concerns and challenges of an aging society. Outcomes of this project include these: (1) a well documented process for in-service development of instructional faculty with two ADN schools and one HBCU nursing school; (2) increased content on issues in aging within didactic courses and clinical experiences offered students enrolled in targeted ADN and baccalaureate nursing programs; (3) ADN and HBCU nursing educators who become more knowledgeable of geriatrics/gerontology; and (4) personal action plans (PAPs) being completed that had the potential to impact the courses taught by the faculty enrollees. As the chief project outcome, the PAPs served as a blueprint for what the faculty participants learned during the instructional course as well as how they planned to apply their knowledge in and out of the classroom. Finally, the results of this project were shared with the nation's 815 ADN programs and 23 HBCUs and other health-related institutions and organizations.

DISSEMINATION AND UTILIZATION

The major products to emerge from the Administration on Aging - sponsored project include: (1) a well documented process for in-service development of instructional faculty with two ADN schools and one HBCU nursing school; (2) increased content on issues in aging within didactic courses and clinical experiences offered students enrolled in targeted ADN and baccalaureate nursing programs; (3) ADN and HBCU nursing educators becoming more knowledgeable of geriatrics/gerontology; and (4) personal action plans (PAPs) being completed that have the potential to impact the courses taught by the faculty enrollees. The dissemination and utilization phase of the project consists of 5 distinct components:

Component One entailed the development of a well-documented process for faculty and institutional advancement in gerontological nursing. In addition, faculty participants completed Personal Action Plans (PAPs) describing how they would apply their knowledge in and out of the classroom. Both the process for faculty development and the faculty PAPs have been made available through the Texas Consortium of Geriatric Education Centers (TCGEC) at Baylor College of Medicine.

Component Two entailed the reporting of project information and results in various newsletter publications. The TCGEC has a newsletter entitled SAGE Report which reaches 1200 health care and social service educators and practitioners throughout Texas and the U.S. Project information appeared in Volume 6, Number 2 issues of the Report and project results will be reported in the Fall 1992 issue. In addition, project results will published in the newsletter Newslink, a publication of the Kellogg Foundation National Community College and Nursing Home Partnership with a current readership of 2500 plus the 815 associate degree nursing programs in the U.S.

Component Three entailed the presentation of project information and expected outcomes at the Gerontological Society of America's Annual Meeting in San Francisco on November 25, 1991. Project results were also presented on May 2, 1992 at the Statewide Associate Degree Nursing Program Directors Meeting in El Paso, Texas by the deans of the two participating associate degree nursing schools.

Component Four entailed the dissemination of project information to the 23 Historically Black College/Universities with baccalaureate degree nursing programs in the South. Prairie View A&M University School of Nursing's Dean, Darimell Waugh, and Dr. Eula Aiken of the Southern Regional Education Board in Atlanta effected this communication.

Component Five entailed the distributing project results, via Houston/Harris County, to the Executive Directors of Texas' regional Area Agencies on Aging (AAA).

Through conjoint efforts -- three co-investigators from the two ADN programs (Houston Community College and San Jacinto College) and the baccalaureate nursing program (Prairie View A&M University) plus the TCGEC project staff -- health professions educators marshalled faculty and materiel resources to update, adapt and create curriculum materials in gerontology and geriatrics for undergraduate nursing education. Armed with greater information in gerontology, geriatric medicine, and curriculum implementation, this cadre of faculty trainees from each of the three colleges have become better prepared to provide the instructional experiences necessary to address the needs of elderly individuals. Also, these faculty members are becoming the leaders at their institutions in geriatric nursing.

EXECUTIVE SUMMARY

This grant resulted from an announcement in the Federal Register (vol. 55, no. 280) on Friday, February 9, 1990. Regarding priority area 7.1B, Dr. Robert Roush, Principal Investigator, submitted a grant application entitled "A Statewide Faculty Development Program for Community College Associate Degree and Other Nursing Educators" on **April 25, 1990** to the Administration on Aging pursuant to the FY90 Discretionary Funds Program. On August 10, 1990, Dr. Roush responded to a request to clarify information from Mr. Ronald Quarles, Project Officer, Division of Training and Development, Office of Program Development. This information addressed clarifying the need for the assistance, intensity of the proposed training protocol, and criteria to assess faculty development.

The notice of grant award was received on **September 22, 1990**; the original 17-month project commenced on September 30, 1990. On January 21, 1992, notification was received of a no cost extension of budget and project periods until **May 31, 1992**. The grant award was made pursuant to the legislative authorization of the Older Americans Act of 1965, Title IV, Public Law 89-73, as amended.

OBJECTIVES. This AoA-sponsored project was designed to (1) establish and implement an in-service faculty development program in gerontological/geriatric nursing for 15 key faculty teaching in the nursing programs at the Houston Community College, San Jacinto College, and at Prairie View A&M University; (2) incorporate aging content within courses and experiential activities offered students enrolled in these three schools of nursing; (3) institute a model, faculty-led course on compliance with HCFA rules required by OBRA for the training of nurse aides; (4) facilitate widespread replication of the in-service faculty development program in gerontological nursing as a means of enhancing the knowledge and skills of associate degree nursing faculty in Texas' 63 community college health programs, the 815 associate degree nursing programs nationally, and all 23 HBCU B.S.N. degree programs; and (5) develop an ongoing formative and summative evaluation and assessment program, the results of which guide the project and constitute the benchmark against which others can compare our outcomes with their findings. The need for this project was based upon the demographics and epidemiology of the U.S. and Texas' aging population, the lack of sufficient numbers of health professionals in geriatrics, and the dearth of appropriate curriculum content on aging in Texas' community college nursing curricula and that of the state's only Historically Black College/University.

OPERATIONAL DESIGN. The first three months of the project focused on implementing the grant award with the institutional representatives and consultants, designing workscopes for the three nursing schools, executing subcontracts totalling $42,120 with budget officers at the three institutions, and establishing a task accomplishment oversight plan. (See Final Report, Appendix A.) On **October 15, 1990**, the first project meeting was held at the Baylor College of Medicine to discuss the following: (1) responsibilities of the content review committee and panel of consultants; (2) details of the grant award, subcontract management, and the use and payment of consultants; (3) procedures for designing the course in relation to content, scope, sequence, scheduling, faculty development, mode of presentation, and instructional methodology; and (4) criteria to guide the evaluation of courses and students.

In addition to the above, the group reviewed national professional recommendations, catalogue descriptions of the three colleges' curricula, courses taught by semester/year at each college, mechanisms governing course implementation, institutional procedures (timelines and materials)

necessary for the introduction of new course offerings, measurable project endpoints, and criterion measures to assess project effectiveness. Each institutional co-investigator was encouraged to consider timelines necessary for the preparation of course descriptions, objectives, content outlines, faculty assignments, and student notification of the course offerings. The process of selecting and orienting instructors to be involved in the teaching of the model curriculum also began at this time.

On **January 25, 1991**, the year-long professional development program began for 15 key nursing faculty. Each attendee was given an eight-unit publication entitled The Learning Module in Geriatrics edited by Carl Fasser, Quentin Smith, and Robert Roush. The eight units cover the biological dimensions, disease processes, sociological aspects, health assessment, psychological changes, health promotion, geropharmacy, and techniques on organizing instructional programs. The faculty were taught how to use this instructional resource guide to enhance their curricula in geronursing. Subsequent programs were held monthly throughout the year covering the array of topics contained in the learning module. Seminar topics presented by TCGEC faculty were these:

Seminar I: "Demography and Epidemiology of Aging," and
"Concepts of Aging - Myths, Beliefs, Attitudes;"

Seminar II: "Audiological Changes in the Elderly,"
"Visual Changes in the Elderly,"
"Central Nervous System Changes," and
"Physiological Changes in the Elderly;"

Seminar III: "Psychological Aspects of Aging,"
"Social Aspects of Aging," and
"Functional Assessment of the Older Individual;"

Seminar IV: "Depression in the Elderly,"
"Falls and Immobility," and
"Polypharmacy in the Elderly;"

Seminar V: "Cardiovascular Disease,"
"Urinary Incontinence," and
"Dental Health and the Elderly;"

Seminar VI: "Aging in the Physical Environment,"
"Graduate Credit for Year-long Faculty Development Course," and
"Personal Action Plans;"

Seminar VII: "Financial Health Services for the Elderly," and
"Service Delivery Issues: Long-Term Care, Home-Based Services, Community Services;"

Seminar VIII: "Legal Issues of the Elderly;"

Seminar IX: "Compliance with HCFA/OBRA Guidelines: Re: Nurse Aide Training;"

Seminar X: "Ethical Dilemmas: Autonomy, Incompetency, Informed Consent," and
"Ethnographic Issues in Aging: Intergenerational Issues, Gender Issues, Cultural Changes;"

Seminar XI: "Ethnicity: Implications for Training and Research," and "Practitioner Beliefs and Service Provision;"

Seminar XII: "The Role of the Nursing Educator," and Personal Action Plan Presentation (For specifics, see Illustrations 1-4, Appendix A.)

The last meeting of the three schools and consultants was held on **December 6, 1991,** at which time the project consultant, Professor Susan Sherman, stressed the importance of gerontological principles, communication skills, and the role responsibilities of nursing educators. Ms. Sherman then responded to the faculty members' presentation of their PAPs.

INSTRUCTIONAL RESULTS. The principal outcome of the project was an increase in faculty members' funds of knowledge as evidenced by their Personal Action Plans, the titles of which are as follows:

"Normal Physiological Changes with Aging,"
"The Older Adult,"
"Alzheimer's Disease: Psychosocial Implication for the Client, Family, and the Nurse,"
"Pharmacological Principles and the Geriatric Client,"
"Learning Styles of the Elderly: The Nursing Educators Role,"
"Nursing Care for the Psycho-Social Needs in Communicating with the Elderly,"
"Influencing Factors that Allowed Some Elderly in the Age Group 85 and Over to Remain Active and Independent,"
"Development and Implementation of a Well Elderly Learning Experience,"
"Biological Age Changes, Related Age Changes, and Nursing Implications,"
"Maintaining Wellness in Life Long Situations,"
"Nursing the Elderly Patient in the Acute Care Setting," and
"Research Proposal: Sensory Modes of Learning and Knowledge Acquired by Older Adults"
(For specifics, see Appendix B.)

DISSEMINATION RESULTS. The dissemination phase of the project commenced with publication of the SAGE Report, Vol.7, No.7, Spring, 1991. Project staff and co-investigators subsequently presented the project findings at state and national professional meetings, e.g., the GSA in San Francisco in November 1991, and submitted project outcomes for publication in appropriate journals. The final report was mailed to U.S. Geriatric Education Centers (GECs) and to selected colleges of nursing across the nation; a listing of these is included in Appendix D of the Final Report.

ACKNOWLEDGEMENTS. This AoA project drew upon the administrative arrangements of the TCGEC which was established in October 1985 with the special responsibility to provide educational, technical, administrative, and consultative services to further develop and expand activities in gerontology and geriatrics throughout Texas. To date, over 250 full-time health profession educators and 9,000 health professionals have benefitted from TCGEC offerings. Headquartered at Baylor College of Medicine, the consortium is comprised of nine academic institutions which are located in distinct geographic areas of the state. Typically, the TCGEC has focused its faculty development program on thirteen health-related disciplines. This AoA effort constituted a discipline-specificone in a profession vital to geriatrics: nursing.

Management activities of the project over the 20 months can be perused by reading the quarterly progress reports contained in Appendix E of the Final Report. Project staff coordinated personnel,

fiscal,and educational resources; designed and implemented the Professional Development Institute; monitored expenditures against the institutional subcontracts; and prepared the required reports indicating the accomplishments of the project.

As principal investigator, I would like to thank all those involved in the planning and conduct of this important project, especially my staff of Ms. Marla Williams, Ms. Nancy Philips, Ms. Susanna Luk, Mr. Carl Fasser, and Mrs. Iris Cox.

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July 8, 1992

INTRODUCTION

As in the remainder of the country, the number of older persons in Texas is growing rapidly: the 1.9 million Texans over age 60 in 1980 grew to 2.4 million in 1990; projections indicate 2.6 million older Texans by the year 2000. Along with these demographic changes, this increasing population of older people will use a disproportionate share of health care resources accounting for more than 33% of physicians' time, 25% of medications, and 40% of the acute hospital admissions (National Institute on Aging Report, 1984). This utilization factor becomes problematic inasmuch as there is an insufficient number of health professionals trained in geriatrics and these providers will find themselves in the prime of their careers spending as much as 75% of their practice time with older people (Butler, 1980).

According to the National Institute on Aging publication, Personnel for Health Needs of the Elderly Through The Year 2020, "Nurses provide services to elderly persons in many settings, including their homes, doctors' offices, community health clinics, nursing homes, and hospitals. In most situations, nursing personnel are the largest segment of formal caregivers." Of the two million Registered Nurses (RNs) in the U.S., 68% are employed in hospitals, 8% in nursing homes, and 44% of their efforts focus on the care of older adults. Based on these levels of effort, it is crucial that nursing educators' funds of knowledge in geriatrics be increased so they can impact the training of RNs who ultimately provide care to older persons. Two recommendations in the 2020 report focused on faculty development: (1) expand efforts to update knowledge and skills of current school of nursing faculty members and (2) increase the quantity and quality of continuing education offerings focused on health care of both well and ill older persons for all levels and types of nursing personnel (NIA, 1987).

Although most gerontologic attention has been focused on training baccalaureate nursing faculty, slightly over 60% of all RNs are trained each year in the nation's 815 community college two-year associate degree nursing (ADN) programs; yet little has been done for this group of nursing faculty. With this Administration on Aging grant, the Texas Consortium of Geriatric Education Centers (TCGEC), headquartered at Baylor College of Medicine, responded to the dearth in ADN faculty training in gerontology/geriatrics by conducting a faculty development program for 15 nursing faculty, 11 of whom were from two community colleges -- Houston Community College and San Jacinto College -- and 4 from Prairie View A&M University, a Historically Black College/University (HBCU). The goals of this project were (1) to increase the amount of geriatric content in the curricula of community college ADN programs, (2) to further the development of baccalaureate nursing faculty in a HBCU, and (3) to facilitate other Texas institutions of like-kind to benefit from this faculty development effort. The need for this project was based upon the demographics and epidemiology of the U.S. and Texas' aging population, the lack of sufficient numbers of nursing faculty from ADN programs and those in HBCUs trained in gerontology/geriatrics, and the absence of appropriate curriculum content on aging in Texas ADN and HBCU nursing programs.

In order to achieve the above stated goals, staff of the TCGEC worked with faculty from the participating schools of nursing to complete the following objectives: (1) establish and implement a 12-month graduate-level, in-service faculty development program in gerontological nursing for 15 key faculty teaching in the three respective nursing programs; (2) incorporate aging content within courses and experiential activities offered students enrolled in these schools of nursing; (3) facilitate widespread replication of the in-service faculty development program in gerontological nursing as a means of enhancing 29 community college ADN programs in Texas, the 815 ADN programs

nationally, and all 23 HBCU baccalaureate degree programs; and (4) evaluate and assess the effectiveness of the program.

METHODOLOGY

The scope of work (See Appendix, Illustration 1.) accomplished by this project was guided by a task-outline approach describing the steps necessary to attain each objective. The following is a summary of the methods used to educate and train ADN and HBCU nursing program faculty in gerontologic/geriatric health care.

OBJECTIVE 1 --FACULTY DEVELOPMENT PROGRAM: **Implement an in-service faculty development program in gerontology for associate degree and Historically Black College/University nursing faculty.**

This phase of the project began when TCGEC project staff convened an initial meeting with the nursing school deans from Houston Community College, San Jacinto College, and Prairie View A & M University to finalize expectations of participating faculty in the faculty development program in gerontology so that they could select members of their faculty to attend the program. Once the 15 nursing faculty were informed of their selection to participate in the year-long program, the TCGEC Faculty Development Survey and Survey of Knowledge and Skills in Gerontology (see Appendix C) were administered to document current educational experience and activity level in gerontology/geriatrics. Using these data, the year-long program was designed and finalized by TCGEC project staff and expert consultants. Based on participants' preferences the course was held one Friday each month from 1:00 pm - 4:00 pm for 12 months. The location of the 12 programs was evenly divided among the three schools of nursing and Baylor College of Medicine. This proved to be a successful opportunity for participants to visit other nursing schools and academic institutions. In Illustration 2 in the appendix the scope and content of the course is presented.

OBJECTIVE 2 --CURRICULUM IMPLEMENTATION: **Incorporate aging content within courses offered students in degree nursing schools.**

This phase of the project began at the outset with the 15 faculty enrollees (see Appendix A, Illustration 3) given the responsibility to complete a Personal Action Plan (PAP) designed to introduce aging content, based on the material and information presented to them throughout the year, into courses and experiences provided nursing students. Also, the PAP would serve as a blueprint of their own increase of knowledge in gerontology/geriatrics which would ultimately promote their ability to expand the aging content in the courses they teach.

During the last class session in December 1991, guest speaker and project consultant Susan Sherman, M.A., R.N., Project Director of the Kellogg Foundation National Community College and Nursing Home Partnership at Philadelphia Community College listened to the enrollees present their PAPs and offered them feedback and guidance on the benefits and feasibility of their plans. Ms. Sherman also presented an overview of the methods for implementing gerontologic/geriatric content into nursing curricula.

OBJECTIVE 3 --DISSEMINATION ACTIVITIES: **Ensure widespread replication of the in-service Faculty Development Program in Gerontological Nursing.**

The multi-faceted dissemination phase of the project included sharing project methods and results with the other ADN programs nationwide and the HBCUs in the region. This was accomplished by doing the following: (1) developing a well-documented process for faculty and institutional development in gerontological nursing; (2) making available the ADN and HBCU nursing faculty's PAPs to their colleagues; (3) presenting a paper on the project at the Gerontological Society of America's Annual Meeting in San Francisco on November 25, 1991 (see Appendix D); (4) publishing an article in the TCGEC SAGE Report, volume 6, Number 2, Spring 1991 which has a readership of 1200 (See Appendix D); (5) sending ADN School Deans --Marlene Luna, RN, M.Ed., San Jacinto College, and Mary Stephenson, RN, MSN, Houston Community College --to the Statewide Associate Degree Nursing Program Directors Meeting in El Paso, Texas on May 2, 1992 to present project results (see Appendix D.); (6) having the Dean of Prairie View A & M University School of Nursing, Darimell Waugh, RN, MSN, work with Eula Aiken, Ph.D. of the Southern Regional Education Board in Atlanta to disseminate project information to HBCUs in the region ; (7) distributing results through the Executive Directors of four regional Area Agencies on Aging (AAA) including, Nelda Davis of the North Central Texas AAA; Leo Garcia of the Lower Rio Grande Valley AAA; Robert Marshall of the South Plains AAA; and Charlene Hunter James of the Houston AAA; and (8) publishing the results of our efforts in the Kellogg Foundation project's newsletter, Newslink, which has a current readership of 2500 and is circulated to the 815 associate degree nursing programs in the U.S.

The major audiences targeted to receive project information and results include Texas' 29 accredited public community college ADN Program Directors, state nursing board, 31 Geriatric Education Centers, and 23 HBCUs in the region.

OBJECTIVE 4 --PROJECT EVALUATION: **Evaluate and assess the project.**

Use of the Gantt/Pert approach was used throughout the project to monitor progress toward achieving stated objectives. The project was also assessed by the completion and quality of faculty PAPs. Further assessment of the effectiveness will be done as implementation of PAPs commence and are monitored by TCGEC staff and nursing school deans.

RESULTS

The primary results of the project include (1) a well-documented process for in-service development of instructional faculty with two ADN schools and one HBCU nursing school; (2) increased content on issues in aging within didactic courses and clinical experiences offered students enrolled in targeted ADN and baccalaureate nursing programs; (3) ADN and HBCU nursing educators becoming more knowledgeable of geriatrics/gerontology; and (4) PAPs being completed that have the potential to impact the courses taught by the faculty enrollees.

INSTRUCTIONAL COURSE.

Illustration 2 in the appendix shows the scope of the course used to educate the nursing faculty in gerontology/geriatrics between January 1991 - December 1991. TCGEC designed the project with input from the three nursing school deans, and expert faculty with a great deal of experience in gerontology/geriatrics instructed the course. This course is easily replicated with professional and experienced instructors.

PERSONAL ACTION PLANS.

One of the outcomes of particular importance to the project is the expanded aging knowledge of the ADN and HBCU faculty. The result of such increased funds of knowledge is the potential for a greater amount of content on aging issues included in didactic courses and clinical experiences offered students enrolled in targeted ADN and baccalaureate nursing programs. The blueprint for what the enrollees learned as well as how they will apply their knowledge both in and out of the classroom exists in the **13 completed Personal Action Plans: 12 were submitted by individuals and one was done by a group of three people from the same school**. The following is a brief summary of the goals of each PAP. Completed PAPs can be found in Appendix B.

HOUSTON COMMUNITY COLLEGE (4 Plans):

1) Revise the Associate Degree Nursing Psychiatric Mental Health Nursing curriculum to include information on geriatric psychiatry.

2) Increase the elderly individual's knowledge about wellness and prevention of health problems.

3) Develop an eight-hour continuing education course for Registered Nurses to increase their ability to care for elderly patients in acute care settings.

4) Increase nurses' ability to teach the older patient to carry out both treatment and care procedures after discharge by understanding the learning styles and abilities of older adults.

SAN JACINTO COLLEGE (5 Plans):

1) Assist nursing students to achieve effective communication with elderly patients by adding relevant content to existing courses.

2) Incorporate effective communication skills with older patients in an acute-care setting into medical - surgical courses.

3) Increase the amount of aging content taught in medical-surgical nursing courses by including issues of nutrition and the elderly, coping behaviors of older persons, importance of physical activity, and sociology of aging.

4) Design a learning module which focuses on the cognitive, psychomotor, and affective skills of the well-elderly, for first-year associate degree nursing students.

5) Develop a learning module on biological changes that predispose elderly persons to health problems and the implications for nursing care (to be utilized in an elective nursing course on care of the aged, as well as for continuing and in-service education for other nurse educators and nursing staff).

PRAIRIE VIEW A & M UNIVERSITY (4 Plans):

1) Incorporate content on normal physiological changes with aging into existing pathophysiology course.

2) Increase geriatric content into existing curriculum for first and second year nursing students by including such topics as demographics, aging theories, normal changes with aging, myths and stereotypes, psychosocial changes with age, common health problems, health promotion, and community and institutional health care services.

3) Develop learning module on nursing skills required for working with Alzheimer's disease patients and their families and incorporate into nursing curriculum.

4) Incorporate pharmacological principles of the geriatric client into existing pharmacology course to increase undergraduate nursing students' knowledge of drug effects on the geriatric patient.

DISCUSSION AND IMPLEMENTATION OF RESULTS

As was outlined in the previous section on enrollees' PAPs, the impact of the faculty development program extends well beyond the 15 faculty participants. These implications will be discussed in the following section.

INSTITUTIONAL IMPACT.

Each of the three nursing schools was directly affected by participating in the project. Not only did certain members of their faculty take part in a highly informative and beneficial course in gerontology/geriatrics, but the knowledge they acquired will be passed on to the students they teach through the incorporation of aging content into new and existing courses. Also, this "critical mass" of 15 health professions educators can marshall the faculty and material resources at their three colleges to offer curriculum materials and knowledge in gerontology and geriatrics for the other faculty members who collectively teach approximately 1000 undergraduate nursing students annually. Each year approximately 12000 nursing students -- associate degree (7500) and baccalaureate (4500) --take their places among the 113,000 Registered Nurses currently registered in Texas; thus, dramatic opportunities for improved health care were provided through this project.

FACULTY PARTICIPATION.

During the 12-month course, 26 professionals representing a variety of disciplines and institutions/agencies presented all of the lectures. Those disciplines were: architecture, audiology, dentistry, ethics, law, medicine, nursing, nursing home administration, optometry, physician assistant, pharmacology, psychology, public health, social work, and sociology. The benefits of a multidisciplinary approach to a faculty development effort cannot be overstated.

BENEFITS TO OLDER AMERICANS.

The implication of this project for older people is that greater numbers of new RNs will be better prepared to address the concerns and challenges of older people. As was previously mentioned, nurses spend 44% of their efforts on caring for older adults and are, in most situations, the largest segment of formal caregivers for the elderly in this country (NIA, 1987). Since most of the RNs in the U.S. are trained in ADN programs, this project impacted a group that will provide a great deal of direct care to older Americans.

BENEFITS TO PRACTICING NURSES.

Since Registered Nurses spend a large portion of their professional career caring for older patients, they should receive additional aging content during their undergraduate education. The faculty development course and its outcomes/results will expand the quantity and quality of courses that include aging content so these nurses will be better prepared to effectively work with older patients.

SUMMARY

As the number of older persons in this country increases, so does the need for adequately trained health professionals. Given that Registered Nurses (RNs) provide a great deal of services to elderly persons in many settings, it is critical that their funds of knowledge in geriatrics be advanced. An effective means of increasing the knowledge base of the RNs in gerontology and geriatrics is by providing the necessary training to nursing educators so they can teach their nursing students.

Since 60% of all RNs in this country are trained each year in the 815 community college two-year ADN programs, the goal must be to focus the gerontological training on this group of nursing educators. During the past 20 months of collaborative effort between all parties, this goal has been achieved. 15 key faculty were trained from two ADN programs and one baccalaureate nursing program and they will then impact the training of RNs who ultimately provide care to older persons. Furthermore, through the dissemination phase of the project, methods and results have been and will continue to be shared with other ADN programs nationwide and HBCUs in the region to ensure widespread replication of the program.

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APPENDICES

APPENDIX A: ILLUSTRATIONS 1 - 2

Key Project Activities
Faculty Development Course Outline

APPENDIX B: Personal Action Plans

APPENDIX C: Survey Instruments

APPENDIX D: Dissemination Paper Presented at the Gerontological Society of America

Illustration 1
Key Activities for "Statewide Faculty Development Program for Community College Associate Degree and Other Nursing Educators"

Task	Description	Scheduled Completion Date
1.	**Faculty Development Program**	
1.1:	Convene meeting of nursing school deans and TCGEC Project Staff to finalize expectations of enrollees participating in the Faculty Development Program in Gerontology.	October, 1990
1.2:	Inform associate degree nursing faculty with three participating community colleges of their nomination to participate in the year-long professional development program.	October, 1990
1.3:	Document current educational experiences and activity level in gerontology/geriatrics of nominees using TCGEC Faculty Development Survey.	November, 1990
1.4:	Convene meeting of 30 associate degree nursing faculty nominees with TCGEC project staff to complete enrollment in the professional development program.	November, 1990
1.5:	Finalize intermittent, year-long instructional program in gerontology\geriatrics for enrollees using data from TCGEC Faculty Development Survey and TCGEC Survey of Knowledge and Skills in Gerontology/Geriatrics.	November, 1990
1.6:	Implement graduate-level, three-credit hour course using expert faculty from TCGEC-member institutions one Friday afternoon each month beginning January 20, 1990 and ending December 15, 1990 (see Illustration 1).	January, 1991
1.7:	Obtain feedback from instructors, faculty monitors and enrollee participants concerning the utility of the in-service approach to faculty development at the community college level.	Ongoing throughout project

Task	Description	Scheduled Completion Date
2.	**Curriculum Implementation**	
2.1:	Identify 15 nursing faculty with the three nursing programs to be involved in intermittent Faculty Development Program in Gerontology as the first component of the Institutional Action Plan.	October, 1990
2.2:	Meet with selected nursing faculty to enroll in year-long program of guided readings, content-intensive instructional sessions, course development in aging for nursing students, and ongoing evaluation to document the impact of enrollee activities on institutional activities in gerontological nursing.	October, 1990
2.3:	Generate baseline information regarding the nature of the educational experiences in gerontology/geriatrics provided nursing students using the TCGEC Survey of Knowledge and Skills in Gerontology/Geriatrics against which to measure impact of Institutional Action Plan.	November, 1990
2.4:	Finalize Personal Action Plans (PAP) of nursing faculty designed to introduce aging content into courses and experiences provided nursing students.	December, 1991
2.5:	Provide expert technical assistance to 15 nursing faculty using TCGEC project staff to facilitate course design revision and materials development specified in PAPs.	December, 1991

Task	Description	Scheduled Completion Date
3.	**Dissemination Activities**	
3.1:	Notify Texas' 29 associate degree nursing programs regarding in-service Faculty Development in Gerontological Nursing by sending project information and copy of final report to each school.	May, 1992
3.2:	Submit manuscripts for publication describing the development, implementation, and evaluation of both the in-service faculty development program and the course on health education and promotion in the elderly.	June, 1992
3.3	Present project results at Spring 1992 Statewide Associate Degree Nursing Program Directors meeting in El Paso, Texas.	May, 1992
3.4	Notify the nation's associate degree nursing programs of project by publishing results of project in Kellogg Foundation newsletter, Newslink.	June, 1992
3.5	Present project information at National Gerontology/Geriatrics annual meetings.	November, 1991
4.	**Project Evaluation**	
4.1:	Use the Gantt/PERT approach contained in this proposal to monitor progress toward achieving the stated objectives. The Gantt chart prepared for this project serves as a guide to the summative evaluation process.	Ongoing
4.2	Assess completion and quality of faculty enrollees' Personal Action Plans.	December, 1991

Task Description Scheduled Completion Date

4.3	Monitor effectiveness and specific progress of implementation of activities stated in Personal Action Plans.	January-May, 1992
4.4:	Report the periodic findings of the formative phase to each co-investigator at regular staff meetings and report summative findings via the final report at professional meetings and through peer-reviewed publications.	August-Fall, 1992

23

ILLUSTRATION 2

SCHEDULE AND CONTENT OF "A STATEWIDE FACULTY DEVELOPMENT PROGRAM FOR COMMUNITY COLLEGE ASSOCIATE DEGREE AND OTHER NURSING EDUCATORS"

JANUARY, 25, 1991
Baylor College of Medicine - DeBakey Building
Room M616

SEMINAR I:

1:15 - 2:30 PM	Demography and Epidemiology of Aging Tom Teasdale, M.P.H.
2:45 - 4:00 PM	Concepts of Aging - Myths, Beliefs, Attitudes Dr. Zena Blau, Ph.D.

FEBRUARY 15, 1991
San Jacinto College
Frels Science Building
Room 331

Seminar II:

1:05 - 1:30 PM	Audiological Changes in the Elderly Louise Loiselle, M.S., C.C.C.- A.
1:30 - 1:55 PM	Visual Changes in the Elderly Karla Rumsey, O.D.
2:00 - 2:55 PM	Central Nervous System Changes Warren Strittmatter, M.D.
3:00 - 4:15 PM	Physiological Changes in the Elderly George Taffet, M.D.

SCHEDULE AND CONTENT OF
"A STATEWIDE FACULTY DEVELOPMENT PROGRAM FOR COMMUNITY COLLEGE ASSOCIATE DEGREE AND OTHER NURSING EDUCATORS"

MARCH 22, 1991
San Jacinto College
Frels Science Building
Room 331

Seminar III:

1:10 - 2:00 PM	Psychological Aspects of Aging Anne-Claire France, Ph.D.
2:00 - 2:50 PM	Social Aspects of Aging Howard Eisner, Ph.D.
3:05 - 4:00 PM	Functional Assessment of the Older Individual Ellen MacDonald, M.S.N., R.N.

APRIL 19, 1991
San Jacinto College
Frels Science Building
Room 331

Seminar IV:

1:10 - 2:00 PM	Depression in the Elderly Victor Molinari, Ph.D.
2:00 - 2:50 PM	Falls and Immobility David Hirsch, M.D.
3:10 - 4:00 PM	Polypharmacy in the Elderly Margaret Noyes, Pharm.D.

SCHEDULE AND CONTENT OF
"A STATEWIDE FACULTY DEVELOPMENT PROGRAM FOR COMMUNITY COLLEGE ASSOCIATE DEGREE AND OTHER NURSING EDUCATORS"

MAY 3, 1991
Prairie View A & M University
College of Nursing
Room 501

Seminar V:

1:10 - 2:00 PM	Cardiovascular Disease Jerry Skelly, M.D.
2:00 - 2:50 PM	Urinary Incontinence Eleanor Snow, PA-C
3:05 - 4:00 PM	Dental Health and the Elderly Tom Porter, D.D.S.

MAY 17, 1991
Prairie View A & M University
College of Nursing
Room 501

Seminar VI:

1:10 - 2:00 PM	Aging in the Physical Environment Ray Pentecost, Dr.P.H., AIA
2:00 - 2:30 PM	Graduate credit for year-long faculty development course Dr. Pat Buckner University of Houston
2:30 - 3:00 PM	Personal Action Plans Robert Roush, Ed.D., M.P.H.

SCHEDULE AND CONTENT OF
"A STATEWIDE FACULTY DEVELOPMENT PROGRAM FOR COMMUNITY COLLEGE ASSOCIATE DEGREE AND OTHER NURSING EDUCATORS"

SEPTEMBER 6, 1991
Prairie View A & M University
College of Nursing
Room 501

Seminar VII:

1:15 - 2:30 PM — Financing Health Services for the Elderly
Sharon Zill, M.S.N., R.N.

2:45 - 4:00 PM — Service Delivery Issues: Long-Term Care, Home-Based Services, Community Services
Nancy Wilson, M.S.W.

SEPTEMBER 27, 1991
Houston Community College
Eastwood Health Careers Center
Room 301

Seminar VIII:

1:15 - 4:00 PM — Legal Issues of the Elderly
Kate Mahern, J.D.

OCTOBER 11, 1991
Houston Community College
Eastwood Health Careers Center
Room 301

Seminar IX:

1:15 - 4:00 PM — Compliance with HCFA/OBRA Guidelines: Re: Nurse Aide Training
Mattie Locke, R.N.

SCHEDULE AND CONTENT OF
"A STATEWIDE FACULTY DEVELOPMENT PROGRAM FOR COMMUNITY COLLEGE ASSOCIATE DEGREE AND OTHER NURSING EDUCATORS"

NOVEMBER 1, 1991
Houston Community College
Eastwood Health Careers Center
Room 301

Seminar X:

1:15 - 2:30 PM	Ethical Dilemmas: Autonomy, Incompetency, Informed Consent Darlene Martin, R.N., Ph.D.
2:45 - 4:00 PM	Ethnographic Issues in Aging: Intergenerational Issues, Gender Issues, Cultural Changes Rumaldo Juarez, Ph.D.

November 15, 1991
Baylor College of Medicine - Smith Building
Room S108

Seminar XI:

1:15 - 2:30 PM	Ethnicity: Implications for Training and Research Barbara Yee, Ph.D.
2:45 - 4:00 PM	Practitioner Beliefs and Service Provision Anna Madison, Ph.D.

December 6, 1991
Baylor College of Medicine - Cullen Building
Room 301A

Seminar XII:

1:15 - 2:15 PM	Susan Sherman, M.A., R.N., Project Director, Kellogg Foundation National Community College - Nursing Home Partnership, Philadelphia Community College.
2:30 - 4:00 PM	Personal Action Plan Presentation Faculty Enrollees

A PERSONAL ACTION PLAN FOR FACULTY ENROLLEES

TEXAS CONSORTIUM OF GERIATRIC EDUCATION CENTERS

FACULTY DEVELOPMENT PROGRAM IN GERONTOLOGICAL NURSING

DEVELOPMENT AND IMPLEMENTATION OF A WELL ELDERLY LEARNING EXPERIENCE

SUBMITTED BY

JO ANN JOHNSON RN MSN
INSTRUCTOR
SAN JACINTO COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
DECEMBER 6, 1991

I. INTRODUCTION

A. Background: San Jacinto College is committed to transferring the knowledge of past generations to succeeding generations for their mental, moral, and cultural growth. Its dedication to human achievement--academic, personal, and vocational--predicates awakening and strengthening the intellect, character, and practical abilities of all students. San Jacinto College resolves to form independent thinkers and doers who see their highest task in life to be service to their community and their nation in a constantly changing world. The philosophy of the Department of Associate Degree Nursing adheres to the philosophy of The San Jacinto College District. The faculty believes that nursing is people-centered and recognizes the inherent worth of human life and the intrinsic value of every individual. Nursing is the giving of assistance to individuals to do that which they cannot do for themselves in health, in sickness and in dying; allowing or teaching them to relinguish this help as they are able, keeping in mind their dignity and worth as human beings. Nursing is therapeutic and educative, drawing its skills and knowledge from the concepts formingthe foundation of the nursing profession and from the bio-psycho-social sciences. The associate degree nurse is prepared to practice as a member of the profession of nursing, recognizing personal assets, potentials and limitations. Practice is at a beginning level in structured health care settings. THrough the utilization of the nursing process, the graduate delivers individualized care to patients and manages the care of a group of patients.

B. Rationale: San Jacinto College ADN nursing students care for the elderly in acute care settings. Due to the acuity level of hospitalized elderly, many students develop misconceptions that old age is always accompanied by multisystem disease. This negativism can impact career choices when graduate nurses choose specialty areas in which to work. The rationale for the proposed plan is to expose freshman nursing students to examples of positive aging. This experience would provide the student with an opportunity to work with a "well elder" in the community setting. In a community focused learning atmosphere, the student would learn and hopefully appreciate normal age related changes within a context that most closely resembles societal demographic changes.

C. Problems: Integration of nursing theory and a community clinical experience of the well elderly into the current San Jacinto College curriculum may encounter obstacles such as:

--time constraints of adding hours to a curriculum that is at the limit of required hours set by the National League of Nursing

--faculty committment to a non-hospital clinical course

--administrative approval for student-elder home visits

--marketing the experience to freshman students

--availability of community resources for elder home visits

II. PLAN DESCRIPTION

A. Purpose: The overall goal of this plan is to prepare freshman associate degree nursing students to develop cognitive, psychomotor and affective skills relative to the needs of the well elderly in the community. Learning modules for home visits would be integrated into the Fundamentals of Nursing Course.

B. Objectives:

1. Design a well elderly learning guide using Maslow's hierarchy of needs as the conceptual framework for student learning

2. Develop instructional materials to include objectives, content learning activities, and evaluation tools.

C. Methodology:

1. Administrative support for course development i.e. release time, clerical support, instructional media, assistance with contract negotiations with community resources.

2. Faculty support and cooperation in curriculum change and implementation

3. Community resources for contractual arrangements to access elderly clients.

4. Students will be expected to follow a relatively healthy individual who is 70 years of age or older. Eight weekly visits lasting 60 minutes will be done utilizing guidelines developed by nursing faculty, that are related to a specified area of focus. (See attached sample)

D. Timetable:

February 1, 1992--Submit proposal to SJCC ADN Freshman faculty

March 1, 1992--Submit proposal to SJCC ADN Department Chairman

April 1, 1992--Submit proposal to SJCC ADN faculty

May--August, 1992--Identify community resources, develop learning modules

September, 1992--Integrate learning modules into Nursing 1311, Fundamentals of Nursing.

December, 1992--Evaluate plan

III. PLAN EVALUATION

A. Methods

1. Each student will complete a Facts on Aging Quiz to determine pre and post course attitudes on aging

2. Each student will complete a written "summary of visit with elder " to be evaluated by the instructor.

3. Each student will discuss home visits in a seminar with peers and the instructor.

4. Each student will write unit examinations and a final examination to evaluate knowledge, comprehension and application of information on aging

5. Each student will evaluate course materials and instructional methodology.

Week One

Topic: Safety

Objectives: Completing this clinical experience will enable the learner to:

1. Identify potential environmental safety hazards
2. Identify physical changes that increase the aged adult's susceptibility to falls and trauma
3. Conduct a home safety assessment
4. Intervene to reduce safety hazards in the aged adult's environment

Preparation Activities:

1. Review safety in relationship to Maslow's hierarchy of needs
2. Review safety needs of the elderly
3. Read over the following:
   Home Modifications
   Community Resources
   Helpful House Hold Gadgets
4. Review Home Safety Assessment Tool
5. Discuss experiences in your own life that could have been prevented with adequate information and preventive actions.
6. Identify precipitants fo accidents/trauma

Student Learning Experiences:

1. Discuss any accidents the elder has experienced
2. Assist elder in making a home safety evaluation by using the home safety assessment tool.
3. Assist the elder in identifying safety measures related to any danger.
4. Recommend home modifications and/or refer to community resources as appropriate.

Handouts:

Home Safety Assessment Tool
Community Resource List
Helpful Household Gadgets

Discussion Guidelines:

1. Discuss impressions and general reactions.

2. Identify a safety hazard discovered in your elder's home.

3. Discuss interventions (including modifications and community resources).

Personal Action Plan
for Faculty Enrollees
Texas Consortium of Geriatric Education Centers

Project Title: The Older Adult

Faculty Enrollee: Jennifer J. Goodman Ph.D.,R.N.

Profession Involved: Nursing

Institution: Prairie View A&M University
College of Nursing
Houston, Texas

Project Period: October 1990 to December 1991

Project Site: College of Nursing

Signature of Faculty Enrollee: Jennifer J. Goodman

Signature of Institutional Enrollee: Darinell Haugh

DESCRIPTION OF PROPOSED ACTION PLAN

I. INTRODUCTION

A. BACKGROUND ____ Brief overview of the health professions program with you are involved.

Prairie View A&M University is a historically Black University. The College of Nursing, a baccalaureate nursing program is located in the Medical Center. The program is divided into the pre-clinical and clinical studies. Pre-clinical studies consist of the first two years of study and is located on the main campus, in Prairie View, Texas. During pre-clinical, beginning students complete course work in liberal arts, the humanities and natural sciences. Upon completion of pre-clinical studies, students are accepted into the clinical studies division where they complete five semesters of clinical nursing courses.

The purpose of the baccalaureate nursing program is to prepare students for beginning professional practice as nurse generalists. Graduates are educated ato meet community and state needs for nurses who can assume leadership roles in the deliverly of health care. As generalists graduates are prepared to assume beginning positions in any area of nursing practice and have the academic foundation for advanced study in nursing.

B. RATIONALE ___ Brief statement of reasons and assumptions underlying proposed actions.

Students are caring for increasingly greater numbers of elderly patients in clinical settings today. Not only do they encounter the elderly patient in acute care facilities but also in community based practice sites. Students are also faced with caring for an aging population with many unique and complex needs.

The College of Nursing has been concerned about the increasing the Geriatric content for several years. The changing demographics of the older adult populations support the need prepare students to care for these patients since they will encounter them in a variety of practice situations. Enroll-in the faculty development program has increased my knowledge on the older adult and further heightened my awareness of the need to increase curriculum content on the older adult.

C. PROBLEMS ___ Brief discussion of issues to be addressed to accomplish proposed actions.

The issues involved in implementation of this project relate to curriculum development and planning. Faculty have been engaged in discussions related to identifying and planning a consistent method of integrating aging content in the curriculum. Some of the issues raised by faculty include the following: identification of essential content on aging, insufficient theory and clinical time to add any new content, and lack of faculty enthusiasm for teaching content on the elderly.

Increasing the number of faculty with preparation or expertise in geriatrics has served to generate more support from faculty for including more geriatric content in the curriculum. The large number of elderly patients encountered by students in all practice settings has also increased faculty awareness of the need to learn more about the care of the elderly.

II. ACTION PLAN DESCRIPTION

A. PURPOSE ___ Briefly identify overall goal of the proposed action plan.

The overall goal of this project is to increase the geriatric content in the curriculum. a unit of content on the older adult will be added to an existing course for beginning level students. This unit of content will establish the framework for leveling geriatric content throughout the curriculum. Increasing the content on geriatrics will better prepare students to care for this population.

B. OBJECTIVES

1. Compare the physical, psychological, and social development of normal aging.
2. Discuss lifecycle events, stressors and coping resources associated with advancing age.
3. Describe personal and societal attitudes toward the aging process and the older adult.
4. Discuss physical and psychosocial health concerns of the older adult and related interventions.
5. Identify revelant health promotion and health maintenance activities for the older adult.

CONTENT

- Demographics of older adults
- Theories of aging
- Normal age changes: physical, psychosocial, cognitive
- Myths and stereotypes
- Attitudes about older adults
- Cultural variations affecting health care to older adults
- Psychosocial changes: Retirement, housing, sexuality, loss, death
- Common health problems and concerns
- Community and institutional health care services
- Health promotion and health maintenance activities: nutrition, physical activity

C. METHODOLOGY ___ Describe steps, resources and persons essential to accomplish proposed plan

New Content on aging will be integrated in two existing courses: Basic Concepts in Nursing; theory and the co-requitie clinical practicum course (Fundamentals). These are beginning level nursing courses. A computer assisted instructional (CAI) program will be developed on the content. The CAI lesson will be included on the theory course syllabus as a required teaching/learning activity. Unit objectives and content will also be added to the course syllabus. Students will be required to work through the CAI) first then attend the lecture/ discussion in class.
This unit on aging will also serve as an introduction and provide an overview for junior and senior level students who did not have the content. Faculty teaching junior and senior level clinical courses may require students to work through the CAI lesson and discuss the related content in clinical conference.

Geriatric day care centers will be used for well elderly clinical experiences. A clinical rotation of two days a week for two weeks is being planned. Students will be required to work through the CAI lesson and discuss the content during clinical experiences with the elderly.

D. TIMETABLE ___ Discuss time to be allotted to various steps and points during which progress will be assessed.

The projected date for completion of the CAI and implementation is April 1992.

Sept. 1991	Develop plan for content integration. Identify content; write objectives.
Nov. 1991	Present plan to curriculum committee and faculty. Discuss Clinical resources and student clinical learning experiences. Seek faculty input.
Jan. 1992	Develop content; Begin writing CAI; seek technical assistance with program development; plan for clinical resources.

Feb. 1992	Complete development of CAI. Secure clinical facilities.
Apr. 1992	Implement CAI with class; follow with class discussion. Write test items.
May 1992	Evaluate the CAI lesson. Revise CAI and plen for clinical implementation in Fall 92.

III. ACTION PLAN EVALUATION

A. METHODS ___ Describe the methods for evaluating the effectiveness of the proposed action plan.

Students will be asked to evaluate the content of the CAI as well as the clinical experience. An evaluation form will be developed for use with the CAI. The college of Nursing course and clinical evaluation forms will be used to evaluate teaching methodology and clinical experiences. Students will also write a unit examination and final examination over course content.

B. OUTCOMES ___ List the expected outcomes to result from proposed action plan.

Increasing content on the older adult would better prepare nurses to take care of this population.

1. Students will develop specific knowledge and skills regarding the care of elderly patient.
2. Students will utilize knowledge gained in the course to provide safe and effective for the older adult patients
3. Students will be able to assist the older adult in developing health promotion behaviors.
4. Students will have the beginning base to further develop geriatric specific knowledge and skills.

TCGEC PROFESSIONAL DEVELOPMENT PROGRAM
ENROLLEE SURVEY

INTRODUCTION: This instrument has been designed to ascertain the nature of educational experience and activity level in gerontology/geriatrics by health professionals. The specific information you provide will be held in the strictest confidence. Information will only be released in aggregate form.

DIRECTIONS: As you read through the following numbered items, circle the number(s) associated with your answer(s) and enter the appropriate information in the spaces provided. Write any narrative responses or dates in the space(s) provided.

SECTION I: Personal Information

1. Age: ☐☐

2. Gender: ☐☐

   01. Female
   02. Male

3. Race: ☐☐

   01. Caucasian
   02. Afro-American
   03. Hispanic
   04. Oriental
   05. Other (specify)_____

SECTION II: Educational Preparation

4. Highest academic degree earned: ☐☐

   01. Baccalaureate (BA, BS, BBA, etc.)
   02. Master's degree (MA, MS, MEd, MPH, MBA)
   03. Doctoral degree (MD, PhD, EdD, DSc, DDS)

5. Have you received any formal graduate training in gerontology and/or geriatric medicine? ☐☐

   01. Yes
   02. No

6. If your response to #5 was "YES" indicate the type of program(s) attended:

   01. Graduate degree in gerontology
   02. Graduate degree in geriatric nursing
   03. Geriatric medicine fellowship
   04. Other (specify) _____

7. Indicate the number of continuing professional development programs attended in the last four (4) years:

   01. None
   02. One
   03. Two
   04. Three
   05. Four
   06. Five or more

8. What portion of these continuing professional development programs focused primarily on gerontology or geriatric medicine?

   01. All of the programs
   02. Some of the programs
   03. None of the programs

9. List those factors contributing to your developing interests in gerontology or geriatric medicine.

   01. _____
   02. _____
   03. _____

SECTION III: Professional Activities

10. Indicate your professional discipline(s):

    01. Public Administration
    02. Dentistry
    03. Health Education
    04. Medical Sociology
    05. Medicine
    06. Nursing
    07. Public Health
    08. Occupational Therapy
    09. Physical Therapy
    10. Pharmacy
    11. Physician Assistant
    12. Social Work
    13. Social Gerontology
    14. Psychology
    15. Other (specify) _____

11. Number of years (to the nearest full year) worked in the profession in which you were trained:

12. Indicate your primary work/practice setting(s):

01. College or University
02. Academic Health Center
03. Nursing home
04. Hospital
05. Home health care facility
06. Adult day care facility
07. Community or senior center
08. State/Federal service facility
09. Private practice (specify) _____
10. Other (specify) _____

13. Which of the following institutions, if any, are you academically associated with?

01. Baylor College of Medicine
02. Pan American University
03. Texas Southern University
04. Trinity University
05. Texas Tech University Health Science Center
06. University of Houston
07. University of North Texas
08. University of Texas Health Science Center - Houston
09. University of Texas Medical Branch - Galveston
10. Other (specify)_____

14. Primary focus of employment activity:

01. Administrator
02. Clinical Supervisor
03. Educator
04. Researcher
05. Practitioner
06. Other (specify) _____

15. Including your current position, how many full-time positions have you held since completion of your undergraduate education?

16. Number of years in your current position:

SECTION IV: Academic Involvement

17. Are you in any way involved with an academic program for students in health related disciplines?

    01. Yes
    02. No

18. If your response to #17 was "YES", please indicate the program(s) of study/professions in which you teach:

    01. Public Administration
    02. Dentistry
    03. Health Education
    04. Medical Sociology
    05. Medicine
    06. Nursing
    07. Public Health
    08. Occupational Therapy
    09. Physical Therapy
    10. Pharmacy
    11. Physician Assistant
    12. Social Work
    13. Social Gerontology
    14. Psychology
    15. Other (specify) _____

19. If your response to #17 was "YES", please indicate whether your teaching responsibilities are:

    01. Primarily didactic
    02. Primarily clinical
    03. Combination of didactic and clinical
    04. Other (specify) _____

20. If you selected choice "01" in question #19 above, please indicate the title of the course in which you currently teach in the spaces provided. Your response may be less than the four spaces provided.

    01. Title _____

    02. Title _____

    03. Title _____

    04. Title _____

21. For each of the courses listed above in question #19, please indicate the semester in which it is taught and the average number of students enrolled

    01. Semester _____, Number Enrolled _____

    02. Semester _____, Number Enrolled _____

    03. Semester _____, Number Enrolled _____

22. Which of the courses described in question #20 above contains content in gerontology and/or geriatric medicine?

    01. Course listed in choice "01"
    02. Course listed in choice "02"
    03. Course listed in choice "03"
    04. Course listed in choice "04"
    05. All of the courses listed
    06. None of the courses listed

23. Do you currently hold a faculty appointment indicating your involvement with the teaching program?

    01. Yes
    02. No

24. If your answer to #23 is "YES", what is your present academic rank?

    01. Fellow
    02. Instructor
    03. Assistant Professor
    04. Associate Professor
    05. Professor
    06. Other (specify) _____

25. Are you a member of a professional association in gerontology and/or geriatric medicine?

    01. Yes
    02. No

26. If your answer to #25 was "YES", indicate to which of the following you are a member:

    01. National society/association in gerontology/geriatrics
    02. Regional society/association in gerontology/geriatrics
    03. State society/association in gerontology/geriatrics
    04. City society/association in gerontology/geriatrics
    05. Other (specify) _____

SECTION V: Scholarly Activity

27. Please indicate in the spaces provided your total number of publications during the three year period prior to your association with the TCGEC.

    01. Articles in refereed journals _____.
    02. Abstracts, monoghraphs, etc _____.
    03. Books and chapters in books _____.

28. **Indicate which of the following scholarly activities you accomplished in the 12 month period preceding your involvement with the TCGEC.**

01. Article published in aging-specific journal (i.e., The Gerontologist, Geriatrics, or Aging)
02. Article published on aging in professional journal unrelated to aging (i.e.: JAMA, J. of Allied Health, or J. of Dental Education)
03. Chapter(s) published in aging-specific book (i.e., Trends in Geriatric Medicine or The Geriatric Imperative)
04. Chapter(s) published on aging in book unrelated to aging (i.e., "The Implications of Geriatric Care,": Nursing Education or "Patients Beyond 65,": Physical Therapy)
05. Presented paper during aging-specific conference (i.e., GSA, AGHE, ASA, etc.)
06. Geriatric paper presented at other meetings

29. **During the three years prior to your association with the TCGEC, indicate the number of funded grants in which you:**

01. Helped write and/or participated in some capacity _____.
02. Served as principal or co-principal investigator _____.

30. **During the twelve months preceding your association with the TCGEC, indicate the number of funded grants in which you:**

01. Helped write and/or participated in some capacity _____.
02. Served as principal or co-principal investigator _____.

31. **Please indicate in the spaces provided your total number of publications since becoming a TCGEC enrollee.**

01. Articles in refereed journals _____.
02. Abstracts, monographs, etc _____.
03. Books and chapters in books _____.

32. **Indicate which of the following scholarly activities you have accomplished in the last 12 months.**

01. Article published in aging-specific journal (i.e., The Gerontologist, Geriatrics, or Aging).
02. Article published on aging in professioal journal unrelated to aging (i.e.: JAMA, J. of Allied Health, or J. of Dental Education).
03. Chapter(s) published in aging-specific book (i.e., Trends in Geriatric Medicine or The Geriatric Imperative).
04. Chapter(s) published on aging in book unrelated to aging (i.e., "The Implications of Geriatric Care,": Nursing Education or "Patients Beyond 65,": Physical Therapy).
05. Presented paper during aging-specific conference (i.e., GSA, AGHE, ASA, etc.).
06. Geriatric paper presented at other meetings.

33. **Since becoming a TCGEC enrollee, indicate the number of funded grants in which you:**

01. Helped write and/or participated in some capacity _____ .
02. Served as principal or co-principal investigator _____ .

34. **Over the past twelve months, indicate the number of funded grants in which you:**

01. Helped write and/or participated in some capacity _____ .
02. Served as principal or co-principal investigator _____ .

SECTION VI: Volunteer Involvement in Geriatrics

35. Are you active in agencies or organizations providing services to the elderly, outside of your current hours of employment?

01. Yes
02. No

36. In response to #35, indicate what role you play in the organization(s).

01. Volunteer
02. Committee Member
03. Member, Board of Directors
04. Other (specify) _____

TCGEC SURVEY OF KNOWLEDGE AND SKILLS IN GERONTOLOGY/GERIATRICS

Baylor College of Medicine, Houston, Texas

INTRODUCTION: This survey has been designed to document the nature of the educational experience in gerontology/geriatrics provided health profession students and to ascertain whether there exists a perceived core of knowledge and skills needed to provide quality services to the elderly. The specific information you provide will be held in the strictest confidence. Information will only be released in aggregate form.

DIRECTIONS: Please read carefully through the following questions. Circle the number(s) associated with your answer(s) and enter the circled number(s) provided. Write any narrative responses or dates in the spaces provided.

SECTION I: CHARACTERISTICS OF EXISTING EFFORTS IN GERONTOLOGY/GERIATRICS

1. Does the discipline-specific health professions education program in which you are involved offer instruction in gerontology and/or geriatric medicine? /_/_/

   01. Yes (proceed to question #2)
   02. No (skip to Section III)

2. Indicate the approach(es) used to provide learning experience(s) in gerontology and geriatrics during the pre-clinical phase of your program. /_/_/

   01. No effort made to emphasize/provide acces to topics in gerontology/geriatrics. /_/_/
   02. Access provided to lectures on elective basis /_/_/
   03. Gerontology/geriatrics incorporated as part of but not as distinct unit of a course taken by students /_/_/
   04. Gerontology/geriatrics offered as a topical subsection of other courses /_/_/
   05. Separate course in gerontology/geriatrics provided to all students /_/_/

3. If you selected 05 as your answer to question #1 above, indicate in the space provided the year in which the required pre-clinical lecture series was implemented. 19 /_/_/

   01. _____

4. If you selected choice 04 as your answer to question #24 above, indicate in the space provided the year in which the required pre-clinical lecture topics in geriatrics were introduced as a sub-section of another course. 19 /_/_/

5. Are you the primary instructor for the pre-clinical course(s) in gerontology/geriatrics in your program? /_/_/

   01. Yes
   02. No

6. If you selected choice "02" as your answer to question # 5 above, indicate in the spaces provided the professional background of those instructors responsible for the pre-clinical instruction in gerontology/geriatrics.

01. Physician	/_/_/
02. Nurse	/_/_/
03. Social Worker	/_/_/
04. Sociologist	/_/_/
05. Psychologist	/_/_/
06. Gerontologist	/_/_/
07. Other (specify)	/_/_/

7. Indicate the approach(es) used to provide learning experiences focusing on the needs of the elderly during the clinical phase of your program.

01. No special effort made to expose students to the elderly	/_/_/
02. Access provided to elective experiences in gerontology/geriatrics outside of program	/_/_/
03. Exposure to elderly persons occurs in conjunction with clinical practicum	/_/_/
04. Exposure to elderly persons occurs as a subsection of a clinical practicum	/_/_/
05. Separate clinical practicum focusing on needs of the elderly required of all students	/_/_/

8. If you selected choice "05" as your answer to question # 7 above, indicate in the space provided the year in which the separate, required clinical practicum was implemented. /_/_/

01. _____

9. If you selected choice "04" as your answer to question # 7 above, indicate in the space provided the year in which the exposure to elderly persons was incorporated as a subsection within a clinical practicum /_/_/

01. _____

10. Are you the primary instructor for the clinical experience in gerontology/geriatrics in your program? /_/_/

01. Yes
02. No

11. If you selected "02" as your answer to question #10 above, indicate in the space provided the professional background(s) of those instructors responsible for the clinical instruction in gerontology/geriatrics.

01. Physician	/_/_/
02. Nurse	/_/_/
03. Social Worker	/_/_/
04. Psychologist	/_/_/
05. Gerontologist	/_/_/
06. Other (specify) _____	/_/_/

SECTION II: INSTRUCTIONAL ISSUES AND METHODOLOGIES

DIRECTIONS: Please read carefully through the following questions. Circle the number (s) associated with your answers and enter the circled number (s) in the space (s) provided. Write any narrative responses or dates in the space(s) provided.

12. Has your professional society/organization adopted guidelines concerning the nature of the educational experience in gerontology/geriatrics to be provided students enrolled in your program? /_/_/

    01. Yes
    02. No

13. Is/Are the current course(s) designed around written behavioral objectives? /_/_/
    01. Yes
    02. No

14. Indicate which of the following instructional approaches are used within the pre-clinical course(s) in gerontology/geriatrics

    01. Lecture method /_/_/
    02. Case Studies /_/_/
    03. Problem solving exercises /_/_/
    04. Videotapes /_/_/
    05. Self-Instructional materials /_/_/
    06. Other (specify) _____ /_/_/

15. What mechanism(s) do you use to evaluate student's knowledge during pre-clinical course(s) focusing on gerontology/geriatrics?

    01. Written objective examination /_/_/
    02. Written subjective examination (essay) /_/_/
    03. Written term paper/project /_/_/
    04. Other (specify) /_/_/

16. In what clinical setting does the experiential learning activity in gerontology/geriatrics take place?

    01. Individual's home /_/_/
    02. Senior citizen center /_/_/
    03. Residential housing project /_/_/
    04. Ambulatory /_/_/
    05. Nursing Home /_/_/
    06. Hospital Inpatient service /_/_/
    07. Hospice /_/_/
    08. Other (specify)_____ /_/_/

17. What mechanism(s) do you use to evaluate student performance during clinical experiences?

01. Written objective examination	/_/_/
02. Written subjective examination	/_/_/
03. Written term paper/project	/_/_/
04. Behavioral checklist	/_/_/
05. Clinical evaluation form	/_/_/
06. Other _____	/_/_/

18. Please evaluate each of the factors listed below in terms of the degree to which they are available to support the training of health professions students in gerontology/geriatrics using the following scale.

01. Most Sufficient	04. Somewhat sufficient
02. Sufficient	05. Insufficient
03. Somewhat sufficient	06. Most insufficient

. Bibliographie and library materials for teaching	/_/_/
. Time in curriculum	/_/_/
. Philosophical support of institution	/_/_/
. Financial support from institution	/_/_/
. Administrative resources support	/_/_/
. Knowledgeable educational consultants	/_/_/
. Faculty support for student training	/_/_/
. Qualified teaching instructors	/_/_/
. Audiovisual materials	/_/_/
. Case studies/problem solving exercises	/_/_/
. Population of elderly persons	/_/_/
. Clinical training sites	/_/_/
. Guidelines for minimum essential experience	/_/_/
. Student interest	/_/_/

19. What do you consider to be your greatest need(s) relative to better preparing your students to attend to the problems they will encounter as health professionals when caring for the elderly. /_/_/

01. _____ /_/_/
_____

02. _____ /_/_/
_____

03. _____ /_/_/
_____

SECTION III: CURRENT TEACHINGS AND PERCEIVED IMPORTANCE OF TOPICS IN GERONTOLOGY/GERIATRICS

DIRECTIONS: Please read carefully through the list of topic areas. For each area, indicate by a check mark ( ) as to whether the topic in gerontology/geriatrics is currently included in the curriculum using the following schemes:

DL Topic taught in didactic lecture during pre-clinical phase

CL Topic taught in clinical presentation during clinical phase

AE Topic not currently taught, but students acquire through experience in clinical phase

Next indicate the number of clock hours (to the nearest hour) of instruction devoted to this topic for the typical student in an academic year. Lastly, please rate the importance of the listed topic areas to your students by circling the appropriate number using the following scheme:

1. This topic should be definitely excluded (DE) from curriculum.
2. This topic should probably be excluded (E) from curriculum.
3. Uncertain (U) whether to include or exclude topic.
4. This topic should probably be included (I) in curriculum.
5. This topic should be definitely included (DI in curriculum.

NOTE: If your response to question #1 in Section I was "NO", complete only the right-hand part entitled "Topics Importance" in accordance with the above directions.
Space has been provided for you to include any topic areas we may have omitted. For each area that you include, please rate its importance and complete each column as before.

Topic Areas	Topic Taught Yes No	How Taught (Circle)	Time Spent (Hours)	Topic's Importance DE E U I DI
Genetic influences on aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Cellular basis for aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Immunity and aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Integumentary changes	( ) ( )	DL CP AE	____	1 2 3 4 5
Sensory loss as process of aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Effects of aging on cardiovascular function	( ) ( )	DL CP AE	____	1 2 3 4 5
Pulmonary function changes with age	( ) ( )	DL CP AE	____	1 2 3 4 5

Topic Areas	Topic Taught Yes No	How Taught (Circle)	Time Spent (Hours)	Topic's Importance DE E U I DI
Gastrointestinal changes with aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Endocrine function changes with age	( ) ( )	DL CP AE	____	1 2 3 4 5
Effects of aging on muscles and bones	( ) ( )	DL CP AE	____	1 2 3 4 5
Nervous system changes with age	( ) ( )	DL CP AE	____	1 2 3 4 5
Oral changes with aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Alterations in sexual function	( ) ( )	DL CP AE	____	1 2 3 4 5
Sociological aspects of aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Housing and the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Systems of transportation	( ) ( )	DL CP AE	____	1 2 3 4 5
Financial resources	( ) ( )	DL CP AE	____	1 2 3 4 5
Social programs and services	( ) ( )	DL CP AE	____	1 2 3 4 5
Work, retirement and leisure time	( ) ( )	DL CP AE	____	1 2 3 4 5
Family relationships	( ) ( )	DL CP AE	____	1 2 3 4 5
Community attitudes and relationships	( ) ( )	DL CP AE	____	1 2 3 4 5
Political behavior and organizations	( ) ( )	DL CP AE	____	1 2 3 4 5
Attitudes towards religion	( ) ( )	DL CP AE	____	1 2 3 4 5
Sexuality in aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Impact of crime on the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Death and Dying	( ) ( )	DL CP AE	____	1 2 3 4 5
Economic status of older persons	( ) ( )	DL CP AE	____	1 2 3 4 5
Sources of public and private support	( ) ( )	DL CP AE	____	1 2 3 4 5

Topic Areas	Topic Taught Yes No	How Taught (Circle)	Time Spent (Hours)	Topic's Importance DE E U I DI
Financing health care	( ) ( )	DL CP AE	____	1 2 3 4 5
Pension systems & retirement income	( ) ( )	DL CP AE	____	1 2 3 4 5
Compulsory & voluntary retirement policies	( ) ( )	DL CP AE	____	1 2 3 4 5
Historical development of older population	( ) ( )	DL CP AE	____	1 2 3 4 5
Geographic location of the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Racial composition of older population	( ) ( )	DL CP AE	____	1 2 3 4 5
Future size of older population	( ) ( )	DL CP AE	____	1 2 3 4 5
Health care use rates of the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Theories of aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Aging and life span development	( ) ( )	DL CP AE	____	1 2 3 4 5
Changes in behavioral processes	( ) ( )	DL CP AE	____	1 2 3 4 5
Role changes and loss	( ) ( )	DL CP AE	____	1 2 3 4 5
Personality and adjustments to physical aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Personal and social resources for older persons	( ) ( )	DL CP AE	____	1 2 3 4 5
Common pathologies of the aging skin	( ) ( )	DL CP AE	____	1 2 3 4 5
Sensory loses	( ) ( )	DL CP AE	____	1 2 3 4 5
Heart disease in the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Pulmonary disease in the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Peripheral vascular disease	( ) ( )	DL CP AE	____	1 2 3 4 5
Changes in bone mass and joints	( ) ( )	DL CP AE	____	1 2 3 4 5
Skeletal fractures	( ) ( )	DL CP AE	____	1 2 3 4 5

Topic Areas	Topic Taught Yes No	How Taught (Circle)	Time Spent (Hours)	Topic's Importance DE E U I DI
Endocrine dysfunction	( ) ( )	DL CP AE	____	1 2 3 4 5
Disorders of motility and absorption of the gastrointestinal tract	( ) ( )	DL CP AE	____	1 2 3 4 5
Genitourinary disorders	( ) ( )	DL CP AE	____	1 2 3 4 5
Cerebrovascular disease	( ) ( )	DL CP AE	____	1 2 3 4 5
Central nervous system disease	( ) ( )	DL CP AE	____	1 2 3 4 5
Periodontal disease and oral neoplasm	( ) ( )	DL CP AE	____	1 2 3 4 5
Drug abuse and alcoholism	( ) ( )	DL CP AE	____	1 2 3 4 5
Drug metabolism in the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Psychopharmacology	( ) ( )	DL CP AE	____	1 2 3 4 5
History taking	( ) ( )	DL CP AE	____	1 2 3 4 5
Physical examination	( ) ( )	DL CP AE	____	1 2 3 4 5
Nutritional assessment	( ) ( )	DL CP AE	____	1 2 3 4 5
Health risk appraisal	( ) ( )	DL CP AE	____	1 2 3 4 5
Assessment of cognitive ability	( ) ( )	DL CP AE	____	1 2 3 4 5
Determination of competence	( ) ( )	DL CP AE	____	1 2 3 4 5
Assessment of psychological functioning	( ) ( )	DL CP AE	____	1 2 3 4 5
Assessment of physical functioning	( ) ( )	DL CP AE	____	1 2 3 4 5
Assessment of referral resources	( ) ( )	DL CP AE	____	1 2 3 4 5
Resource mobilization	( ) ( )	DL CP AE	____	1 2 3 4 5
Principles of health promotion	( ) ( )	DL CP AE	____	1 2 3 4 5
Principles of disease prevention	( ) ( )	DL CP AE	____	1 2 3 4 5
Health care provider roles	( ) ( )	DL CP AE	____	1 2 3 4 5
Health care facility services	( ) ( )	DL CP AE	____	1 2 3 4 5

Topic Areas	Topic Taught Yes No	How Taught (Circle)	Time Spent (Hours)	Topic's Importance DE E U I DI
Informal support services	( ) ( )	DL CP AE	____	1 2 3 4 5
Community resources	( ) ( )	DL CP AE	____	1 2 3 4 5
Social programs and resources	( ) ( )	DL CP AE	____	1 2 3 4 5
Management planning for the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Alternatives to institutional care	( ) ( )	DL CP AE	____	1 2 3 4 5
Principles of counseling	( ) ( )	DL CP AE	____	1 2 3 4 5
Legislation concerning aged, e.g., Medicare	( ) ( )	DL CP AE	____	1 2 3 4 5
Governmental agencies, e.g., AOA, NIA	( ) ( )	DL CP AE	____	1 2 3 4 5
Political power of the aged	( ) ( )	DL CP AE	____	1 2 3 4 5
Economic issues and influences	( ) ( )	DL CP AE	____	1 2 3 4 5
Policy development and planning	( ) ( )	DL CP AE	____	1 2 3 4 5
Legal issues, e.g., guardianship	( ) ( )	DL CP AE	____	1 2 3 4 5
Nutritional needs of the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Prevention of nutrition problems	( ) ( )	DL CP AE	____	1 2 3 4 5
Meal planning for the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Developing special diets for elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Nutrition surveys of aging population	( ) ( )	DL CP AE	____	1 2 3 4 5
Ethical issues in aging research	( ) ( )	DL CP AE	____	1 2 3 4 5
Research methodology	( ) ( )	DL CP AE	____	1 2 3 4 5
Study design and statistics	( ) ( )	DL CP AE	____	1 2 3 4 5
Data collection and analysis	( ) ( )	DL CP AE	____	1 2 3 4 5
Understanding aging as normal experience	( ) ( )	DL CP AE	____	1 2 3 4 5
Awareness of own attitude toward elderly	( ) ( )	DL CP AE	____	1 2 3 4 5

Societal attitudes toward aging	( ) ( )	DL CP AE	____	1 2 3 4 5
Understanding bias against chronic illness	( ) ( )	DL CP AE	____	1 2 3 4 5
Communicating with the elderly	( ) ( )	DL CP AE	____	1 2 3 4 5
Advocacy as a professional role	( ) ( )	DL CP AE	____	1 2 3 4 5
Appreciation for other professionals' roles	( ) ( )	DL CP AE	____	1 2 3 4 5
_____	( ) ( )	DL CP AE	____	1 2 3 4 5
_____	( ) ( )	DL CP AE	____	1 2 3 4 5
_____	( ) ( )	DL CP AE	____	1 2 3 4 5
_____	( ) ( )	DL CP AE	____	1 2 3 4 5

"A COMPARISON OF TWO GROUPS OF NURSING FACULTY ON SELECTED MEASURES OF GERIATRICS EDUCATION"

by

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"A COMPARISON OF TWO GROUPS OF NURSING FACULTY ON SELECTED MEASURES OF GERIATRICS EDUCATION"

BY R.E. ROUSH, M.G. WILLIAMS, R.J. LUCHI

BACKGROUND

With regard to training in geriatric/gerontologic health care, nursing, medical, and allied health professions faculty are groups that have been repeatedly targeted for faculty development efforts. Despite these efforts, there remains a lack of sufficient numbers of health professionals trained in geriatrics. This is highly problematic since health care providers may find themselves in the prime of their careers spending as much as 75% of their practice time with older people as a result of the unprecedented rise in both the number and proportion of elderly individuals in the United States (Butler, 1980). Although most gerontologic attention has been focused on training baccalaureate nursing program (BSN) faculty, slightly over 60% of all RNs are trained each year in the nation's 815 community college two-year associate degree nursing programs (ADN).

According to the NIA publication, Personnel for Health Needs of the Elderly Through the Year 2020, "Nurses provide services to elderly persons in many settings, including their homes, doctors' offices, community health clinics, nursing homes, and hospitals. In most situations, nursing personnel are the largest segment of formal caregivers." Of the two million Registered Nurses (RNs) in the U.S., 68% are employed in hospitals, 8% in nursing homes, and 44% of their efforts focus on the care of older adults. Based on these levels of effort, it is crucial that nursing educators' funds of knowledge in geriatrics be increased so they can impact the training of RNs who ultimately provide care to older persons. Two of the 2020 Report recommendations regarding faculty development were: (1) Expand efforts to update knowledge and skills of current school of nursing faculty members and (2) increase the quantity and quality of continuing education offerings focused on health care of both well and ill older persons for all levels and types of nursing personnel (NIA, 1987).

PROBLEM

Given the large numbers of ADN and BSN programs, we were interested in determining if differences or similarities exist between these two groups of nursing faculty on selected measures of biographical, experiential, and scholarly productivity data as these professional characteristics relate to gerontologic education.

METHOD

With an Administration on Aging grant, the Texas Consortium of Geriatric Education Centers (TCGEC) headquartered at Baylor College of Medicine (BCM), is conducting a faculty development program for 15 nursing faculty, 11 of whom are from two community colleges -- Houston Community College and San Jacinto Community College -- and 4 from Prairie View A & M University, a Historically Black College/University. Since January 1991, the 15 faculty members have been meeting each month to participate in a graduate-level course in gerontological nursing. In conjunction with nursing educators, the course was designed by the TCGEC and is led by experts in gerontology/geriatrics. The following shows the scope and content of the 12-month course:

DATE	TOPIC
January 25, 1991	Demography and Epidemiology of Aging Concepts of Aging-Myths, Beliefs, Attitudes
February 15, 1991	Biology of Aging: Sensory Changes, C.N.S. Changes, Cellular Changes, Body System Changes
March 15, 1991	Psychological Aspects of Aging Social Aspects of Aging Assessment of the Older Individual
April 19,1991	Management of Selected Disorders: Dementia/Depression, Falls and Immobility, Polypharmacy
May 3, 1991	Management of Selected Disorders Continued: Cardiovascular Disease, Urinary Incontinence, Dental Health and the Elderly
May 24, 1991	Aging in the Physical Environment Personal Action Plan Planning
September 6,1991	Service Delivery Issues: Long-Term Care, Home-Based Services, Community Services Financing Health Services
September 27, 1991	Legal and Ethical Issues
October 11, 1991	Compliance with OBRA/HCFA Guidelines
November 1, 1991	Ethnographic Issues in Aging: Intergenerational Issues, Gender Issues, Cultural Changes
November 15, 1991	Practitioner Beliefs and Service Provision Ethnicity; Implication for Training and Research
December 6, 1991	Personal Action Plan Presentations and Curriculum Infusion and Dissemination Methods

The 11 ADN faculty in the present study, along with the 10 other community college nursing educators who were previously enrolled in the TCGEC Professional Development Program, were compared with a convenience sample of 25 BSN nursing educators who have also completed the Professional Development Program. Administered to all 46 nurses was the TCGEC Enrollee Survey Instrument used since 1985 to gather biographical, experiential, and scholarly productivity data on enrollees from eight health-related disciplines (Fasser, 1988). As one end-point, scholarly productivity is used as a proxy for academic activity following faculty development, and is defined as the number of publications, papers presented, and grants written in a three-year period.

RESULTS

As shown in the following tables, principal findings were these:

1. **regarding biographical data**, the only major difference between the ADN and BSN groups was percent of black faculty members (38% vs. 12%);

2. **regarding academic training and rank**, (a) ADN faculty were master's prepared whereas 44% of BSN faculty held doctorates and also had almost two times the level of formal training in geriatrics than did their community college counterparts and (b) BSN faculty, as would be expected, had more tenure-track faculty (74% vs. 19%) than did the ADN group; and

3. **regarding their scholarly productivity**, BSN faculty (a) had an annual productivity index (API) of .7 publications per year (53 pubs/25 faculty=2.12/3 yrs.) which was seven times that of ADN faculty (7 pubs/21 faculty=.33/3 yrs.=.11/yr.) and (b) BSN faculty also presented far more papers (1/yr. vs. .52/yr.) and contributed to more grants (1.3/yr. vs. .06/yr.) than did ADN faculty who meet their institutions' expectations almost exclusively through teaching, not research. As a point of comparison, the BSN faculty of the present study had a slightly higher API (.7 vs. .5 pubs/yr.) than did a national group of doctorally prepared BSN faculty in research institutions (Lia-Hoagberg, 1985). Other gerontologic health professions educators in academic health centers average about two publications per year (Roush, 1992).

TABLE I

BIOGRAPHICAL DATA

	Baccalaureate Degree Nursing Faculty N=25	Associate Degree Nursing Faculty N=21
Mean Age	43 years	45 years
Gender	100% F	95% F 5% M
Ethnicity	84% White 12% Black	62% White 38% Black

TABLE II

EXPERIENTIAL DATA

	Baccalaureate Degree Nursing Faculty n=25	Associate Degree Nursing Faculty n=21
Academic Degrees	44% Doctorate 52% Master's 4% Bachelor's	0% Doctorate 86% Master's 14% Bachelor's
Formal Geriatrics Training	52%	29%
4 or more CME courses in last 4 years	80%	71%
Experience	21 years	22 years
Academic Rank	18% Instr. 61% Asst.-Assoc. Prof. 13% Prof.	67% Instr. 19% Asst.-Assoc. Prof. 0% Prof.

TABLE III

SCHOLARLY PRODUCTIVITY DATA

	Baccalaureate Degree Nursing Faculty n=25	Associate Degree Nursing Faculty n=21
# publications in past 3 years	9 publishers, 53 publications	2 publishers, 7 publications
# papers presented in previous year	5 presenters, 25 papers presented	3 presenters, 11 papers presented
# funded grants written in past 3 years	11 faculty, 98 grants	3 faculty, 4 grants

TABLE IV

	Baccalaureate Degree Nursing Faculty N=8	Associate Degree Nursing Faculty N=14
Nursing Program offers Instruction in Gerontology/Geriatrics	88% Yes 12% No	71% Yes 21% No 8% N/A
Primary Instructor for PreClinical Gerontology/Geriatrics Courses	25% Yes 50% No 25% N/A	30% Yes 50% No 20% N/A
If not Primary PreClinical Instructor, discipline of those who are	100% Nurse	60% Nurse 20% Other 20% N/A
Primary Instructor for Clinical Gerontology/Geriatrics Courses	50% Yes 50% No	20% Yes 70% No 10% N/A
If not Primary Clinical Instructor, discipline of those who are	100% Nurse	86% Nurse 14% N/A

TABLE V

	Baccalaureate Degree Nursing Faculty N=8	Associate Degree Nursing Faculty N=14
Nursing Profession has guidelines re: educational experience in gerontology/geriatrics	75% Yes 12% No 12% N/A	43% Yes 36% No 21% N/A
Gerontology/geriatrics courses have written behavioral objectives	88% Yes 12% N/A	90% Yes 10% No
Clinical setting for experiential learning activity in gerontology/geriatrics	63% Senior Citizens Ctr 63% Hospital Inpatient Service 50% Residential Housing Project 50% Nursing Home 38% Individual's Home 25% Ambulatory 13% Hospice	100% Hospital Inpatient Service 40% Nursing Home 30% Individual's Home 20% Ambulatory 10% Senior Citizen Center 10% Residential Housing Project
Mechanism to evaluate student clinical performance	63% Clinical evaluation form 50% Written objective exam 50% Written term paper 38% Behavioral checklist 25% Written subjective exam 13% Oral presentations	100% Clinical evaluation form 50% Behavioral checklist 20% Written objective exam 10% Written term paper/project
Adequacy of courses you teach in gerontology/geriatrics	25% Extremely adequate 38% Very adequate 38% N/A	20% Very adequate 30% Somewhat adequate 40% Not adequate
Greatest needs for student preparation in gerontology/geriatrics	- Increase students' comprehensive knowledge of the processes and problems of aging - More time with students	- Increase student interest - Acquire more A/V & library resources - Additional monetary support - More time with students - Qualified teachers & role models

DISCUSSION

While the two groups of nursing faculty we studied were dissimilar with respect to academic degrees and scholarly productivity, their backgrounds have less to do with the latter than does their respective places of employment, in terms of expectations and socialization (Blackburn, 1979). Since ADN faculty train the majority of RNs in this country, we should not expect them to change their roles regarding research; rather they should be included in gerontologic education as much as their BSN counterparts and the other members of the geriatric team. Thus, their scholarship index should be measured through their teaching future caregivers from an increased fund of knowledge regarding the care of older people. Another reason for targeting ADN faculty for further professional development is they're generally not located in Academic Health Science Centers and usually don't have as many opportunities to work with other health professions educators as do their BSN faculty counterparts.

Notwithstanding the differing roles of BSN and ADN faculty, some of the work of Bland and Schmitz (1986) may be mutually applicable insofar as their summary shows that highly productive faculty do the following:

1. acquire an in-depth knowledge in a research area;
2. master methodological skills;
3. adopt mores and expectations of researchers in their fields, e.g., Ph.D.s' dissertations socialize them, whereas M.D.s become socialized to academic medicine during postresidency fellowships;
4. associate early and collaborate with distinguished faculty mentors;
5. develop scholarly habits early since publishing in the first 5-10 years is highly predictive of future output;
6. maintain professional contacts and network with other productive persons;
7. choose productive departmental peers with whom to share projects and brainstorm ideas;
8. engage in multiple projects so if one doesn't work out, perhaps the other one will;
9. schedule research work for at least 20% of their time;
10. serve on institutional governance and curriculum committees;
11. relate better to such work factors as creativity, problem-solving, and flexibility; and
12. choose places of work that support the scholarly interest of the faculty as evidenced by sufficient time, assistance, and an atmosphere of academic freedom.

The need to foster faculty productivity in all disciplines is self-evident; the need to do so in geriatrics is imperative. Thus, the question becomes this: As the demands for geriatric health care increase, should the nursing faculties of future caregivers be equally afforded professional growth opportunities? We believe the answer is to encourage more integration between all levels of nursing faculty to increase gerontologic content in the various curricula.

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